



## Communicating Risk: Closing the Gap Between Perception and Reality

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Risk communication, the art and science of understanding why people find risks to be low or high, and the determination of how best to address and adjust these risk perceptions is finally having its day in public health. With bioterrorism dollars providing new opportunities for communications training and needs assessments nationwide, scientists and others in health departments will now have the opportunity to increase their expertise in this important area. This will be useful not just for bioterrorism preparedness, but also for public health in general. Good risk communication is an essential component of good disease control work.

The Lower Manhattan air quality issues since September 11 elucidate this point. Although the situation was unprecedented and understandably chaotic, there is little doubt that better risk communication may have cleared up some of the misapprehensions the public felt about air quality, an issue that, unfortunately, still persists in Lower Manhattan despite considerable reassurances and effort.

A fundamental principle of risk communication, the expert Peter Sandman contends, is that people tend to be much more upset at the things that do not harm them than at the things that do.<sup>1</sup> The perception of risk is greater, he says, if it is imposed rather than voluntary, if it is beyond an individual's control, and if it is of dubious benefit.<sup>1</sup> Risk communication issues become even more complex during a crisis. The pesticides sprayed by helicopter throughout New York City in 1999 to control West Nile virus are an example of what was perceived by some to be an involuntary, imposed risk with unclear benefit.

The task for risk communicators, then, is to attempt to find a meeting place between perceptions of risk and the objective reality. Contrary to what many public health and environmental health officials think, using data to try to get people to stop worrying about their risk usually does not work. In fact, Sandman argues, while presenting data can be helpful to inform the public, using it for the explicit purpose of ridding people of their mistaken assumptions only makes them feel cornered and robbed of what they perceive to be their legitimate claim to ambivalence and fear.<sup>1</sup> This is what occurred in Lower Manhattan as well-intentioned authorities attempted to use reassuring data to allay community health concerns.

Communication was also hindered by conflicting information provided by multiple sources; some of this conflicting information came from the same government agency. Looking for errors in testing became sport. Even the press got into the air quality testing act. A *New York Times* study largely confirmed government test findings.<sup>2</sup>

Government authorities also were not perceived to be empathetic enough to community concerns. For instance, although officials acknowledged there might be short-term respiratory distress, their apparent lesser concern about the likelihood of long-term effects was interpreted as a dismissal of health concerns overall.

Ideally, attempts to better understand and respond to the public's perception of risk should take place before a crisis occurs. Efforts to facilitate discussions between the government and stakeholders will certainly help. This dialogue will also produce a better understanding of why the health risks that should concern people do not worry them enough.

## REFERENCES

1. Sandman P. Anthrax, bioterrorism, and risk communication: guidelines for action. Paper presented at: the US Centers for Disease Control and Prevention; November 20, 2001; Atlanta, GA.
2. Johnson K, Revkin A. Contaminants below levels for long-term concerns. *New York Times*. October 11, 2002;sect B1.